



Board of Coal Mining Examiners
P.O. Drawer 900
Big Stone Gap, VA 24219
(276)523-8149

Verification of Work Experience Form

Complete this form for **each employer** to certify the experience requirements have been met and have it signed by a company official knowledgeable of your work history before a notary public. Type or print the information in ink and submit it to the **BCME**.

1. Full Name _____ Date of Birth _____

2. Address _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

3. Employer Company Name _____ Mine Name _____
Address _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

4. Job Title _____ From _____ To _____
Month/Day/Year Month/Day/Year

Description of job duties which are **applicable** to certification requested: _____

Job Title _____ From _____ To _____
Month/Day/Year Month/Day/Year

Description of job duties which are **applicable** to certification requested: _____

5. I hereby certify, under the penalties of perjury, that the information related to this applicant's experience as submitted on this form is correct.

Signature of Company Official _____ (Print or Type Name) _____ Title _____ Date _____

6. State of _____ county/city _____ of to wit:

I, _____ a notary public in and for the State and county/city
aforesaid, do certify that _____ whose name is signed to #5 above,
Company Official

on the _____ day of _____, 20____ has acknowledged the same before me in my county/city
aforesaid. Given under my hand this _____ day of _____, 20____.

Notary Public

My commission expires the _____ day of _____, 20____. SEAL